

# Missouri

## UNIFORM APPLICATION

FY 2021 Substance Abuse Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

### I. State Agency for the Block Grant

Agency Name Missouri Department of Mental Health

Organizational Unit Division of Behavioral Health

Mailing Address PO Box 687

City Jefferson City

Zip Code 65102-0687

### II. Contact Person for the Block Grant

First Name Mark

Last Name Stringer

Agency Name Missouri Department of Mental Health

Mailing Address PO Box 687

City Jefferson City

Zip Code 65102-0687

Telephone 573-751-9499

Fax 573-751-7814

Email Address mark.stringer@dmh.mo.gov

### III. Expenditure Period

#### State Expenditure Period

From 7/1/2019

To 6/30/2020

#### Block Grant Expenditure Period

From 10/1/2017

To 9/30/2019

### IV. Date Submitted

Submission Date 11/24/2020 9:34:40 AM

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### V. Contact Person Responsible for Report Submission

First Name Jason

Last Name Jones

Telephone 573-571-8061

Fax 573-751-7814

Email Address Jason.Jones@dmh.mo.gov

### VI. Contact Person Responsible for Substance Abuse Data

First Name Renee

Last Name Rothermich

Telephone 573-522-8077

Email Address Renee.Rothermich@dmh.mo.gov

**Footnotes:**

## II: Annual Update

**Table 1 Priority Area and Annual Performance Indicators - Progress Report**

**Priority #:** 1

**Priority Area:** Coordination of Primary Care and Behavioral Health Services

**Priority Type:** SAT, MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Coordinate consumers' primary and behavioral healthcare in order to improve consumer health and reduce medical costs.

**Strategies to attain the goal:**

- 1) Continue to coordinate preventative and preventive and primary care for Health Home participants
- 2) Continue outreach to Medicaid-enrolled adults who 1) have a substance use disorder or serious mental illness, 2) have high annual healthcare costs, and 3) are not currently enrolled in behavioral health treatment
- 3) Contract with the Missouri Institute for Mental Health for ongoing evaluation of Missouri's Health Home programs.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of participants in Health Homes per fiscal year

**Baseline Measurement:** 31,616

**First-year target/outcome measurement:** 31,000

**Second-year target/outcome measurement:** 31,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Missouri Medicaid Claims

**New Data Source(if needed):**

**Description of Data:**

The number of Health Home participants is determined from a Per member Per Month (PMPM) data file submitted to DMH from the Missouri Medicaid agency, MO HealthNet, on a monthly basis. These are individuals who participated at any time during the specified fiscal year.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of participants in Health Home for FY 2020 is 31,976.

**Indicator #:** 2  
**Indicator:** Number of participants in DM 3700 per fiscal year  
**Baseline Measurement:** 6,189  
**First-year target/outcome measurement:** 5,000  
**Second-year target/outcome measurement:** 5,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH information system

**New Data Source(if needed):**

**Description of Data:**

A participant in DM 3700 is defined as a consumer who is listed on the master list of DM 3700 participants and has an open CPS or ADA episode of care during the specified fiscal year.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of participants in DM 3700 in FY 2020 is 6,911.

**Indicator #:** 3  
**Indicator:** Number of participants in ADA Disease Management per fiscal year  
**Baseline Measurement:** 750  
**First-year target/outcome measurement:** 1300  
**Second-year target/outcome measurement:** 1300

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH information system

**New Data Source(if needed):**

**Description of Data:**

A participant in ADA Disease Management is defined as a consumer who is listed on the master list of ADA Disease Management participants and has an ADA or CPS open episode of care during the specified fiscal year.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of participants in ADA DM in FY 2020 is 2,345.

**Priority #:** 2  
**Priority Area:** Crisis Intervention  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED

**Goal of the priority area:**

Promote safety and emotional stability, minimize further deterioration in mental state, increase access to treatment and support services, and improve individual outcomes for individuals in behavioral health crisis; better utilize limited criminal justice and healthcare resources by linking individuals in need of behavioral healthcare services with those services.

**Strategies to attain the goal:**

- 1) Identify and address structural barriers, miscommunications, and consistent patterns that reduce access to behavioral healthcare services.
- 2) Provide behavioral health expertise to law enforcement, court personnel, and primary healthcare staff in order to more effectively respond to behavioral health crises.
- 3) Advocate for and engage individuals in crisis in behavioral health treatment and support services.
- 4) Provide immediate person-centered interventions to individuals in behavioral health crisis and facilitate timely access to services and supports.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Number of referrals to the CMHLs per fiscal year  
**Baseline Measurement:** 10,250  
**First-year target/outcome measurement:** 9,000  
**Second-year target/outcome measurement:** 9,000  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Missouri Coalition for Community Behavioral Healthcare

**New Data Source(if needed):**

**Description of Data:**

Number of CMHL contacts are tracked by the Missouri Coalition for Community Behavioral Healthcare

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

An Individual may account for more than one contact.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of referrals to the CMHLs in FY 2020 is 10,472.

Indicator #: 2

Indicator: Number served in the ERE project per fiscal year

Baseline Measurement: 1,837

First-year target/outcome measurement: 1,500

Second-year target/outcome measurement: 1,500

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Coalition for Community Behavioral Healthcare

New Data Source(if needed):

Description of Data:

Number of served in the ERE project is tracked and reported by the Missouri Coalition for Community Behavioral Healthcare.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number served in the ERE project in FY 2020 is 2,029.

Indicator #: 3

Indicator: Number of new law enforcement officers trained in CIT per fiscal year

Baseline Measurement: 1,301

First-year target/outcome measurement: at least 900

Second-year target/outcome measurement: at least 900

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Coalition for Community Behavioral Healthcare

New Data Source(if needed):

**Description of Data:**

Number of CIT officers trained is tracked and reported by the Missouri Coalition for Community Behavioral Healthcare.

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number of law enforcement officers trained in CIT in FY 2020 is 1,217.

**Indicator #:** 4  
**Indicator:** Number of ACI calls per fiscal year  
**Baseline Measurement:** 73,468  
**First-year target/outcome measurement:** 75,000  
**Second-year target/outcome measurement:** 75,000  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Contracted Provider Reporting

**New Data Source(if needed):****Description of Data:**

Number of ACI calls is tracked and reported by the contracted agencies on a quarterly basis.

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

none.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number of ACI calls in FY 2020 is 77,148.

**Priority #:** 3

**Priority Area:** Department of Corrections Community Supervised Offenders

**Priority Type:** SAT, MHS  
**Population(s):** SMI, Other (Criminal/Juvenile Justice)

**Goal of the priority area:**

Improve access to clinically appropriate services

**Strategies to attain the goal:**

- 1) Monitor and target technical assistance to Probation and Parole Officers and treatment providers on the prioritization process for offenders needing substance use disorder treatment in order to facilitate rapid assessment and treatment initiation.
- 2) Maintain Memorandum of Understandings (MOU) with the Department of Corrections for coordination of behavioral health treatment services.
- 3) Continue the CMHT – Community Mental Health Treatment and OSMI - Offenders with Serious Mental Illness programs.
- 4) Continue to participate on the DOC Oversight Committee.
- 5) Coordinate with DOC to administrate the JRITP with a focus on reducing the risk of harm due to substance use and mental health conditions, reducing recidivism, improving opportunities for employment or education, and improving the availability of stable housing.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Current MOUs between DMH and DOC

**Baseline Measurement:** Yes

**First-year target/outcome measurement:** Yes

**Second-year target/outcome measurement:** Yes

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH Contracts Unit

**New Data Source(if needed):**

**Description of Data:**

MOUs are maintained by the DMH Contracts Unit.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

MOU between DMH and DOC is current.

**Indicator #:** 2

**Indicator:** Number of Oversight Committee meetings

**Baseline Measurement:** 4

**First-year target/outcome measurement:** 4

**Second-year target/outcome measurement:** 4

**New Second-year target/outcome measurement(if needed):****Data Source:**

The Division of Behavioral Health's Criminal Justice Services Manager is the organizer of the meetings.

**New Data Source(if needed):****Description of Data:**

Oversight meetings are scheduled by the Division of Behavioral Health (DBH) Criminal Justice Services Manager.

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number of Oversight Committee meetings conducted in FY 2020 is 13.

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**Indicator #:** 3  
**Indicator:** Number of consumers served in Justice Reinvestment Initiative Treatment Pilot  
**Baseline Measurement:** N/A  
**First-year target/outcome measurement:** 325  
**Second-year target/outcome measurement:** 375

**New Second-year target/outcome measurement(if needed):****Data Source:**

DMH Information System

**New Data Source(if needed):****Description of Data:**

The number of consumers served in the Justice Reinvestment Initiative Treatment Pilot is tracked in the DMH Information System.

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number served in the Justice Reinvestment Initiative Treatment Pilot in FY 2020 is 548.

**Priority #:** 4

**Priority Area:** Tobacco Prevention / Cessation

**Priority Type:** SAP, SAT, MHS

**Population(s):** SMI, SED, PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder)

**Goal of the priority area:**

Reduce tobacco initiation and promote tobacco cessation among vulnerable populations

**Strategies to attain the goal:**

- 1) Support provider training in tobacco cessation with proven effectiveness.
- 2) Promote the inclusion of tobacco cessation in the consumer's behavioral health treatment plan.
- 3) Support tobacco cessation in Missouri's college campuses.
- 4) Ensure the provision of tobacco enforcement and merchant education:
  - a. Continue contracting with the Food and Drug Administration for the enforcement of federal tobacco control laws
  - b. Maintain a Memorandum of Agreement with the Division of Alcohol and Tobacco Control for state and federal enforcement of tobacco control laws
  - c. Conduct a merchant education visit to every tobacco retailer in the state

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Annual Synar noncompliance rate is less than 20 percent

**Baseline Measurement:** Yes

**First-year target/outcome measurement:** Yes

**Second-year target/outcome measurement:** Yes

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Annual Synar Report

**New Data Source(if needed):**

**Description of Data:**

Synar rate is determined from the Annual Synar Survey. For FY 2020, the Annual Synar Survey will be completed by October 1, 2020. For FY 2021, the Annual Synar Survey will be completed by October 1, 2021.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The Annual Synar Retailer Violation Rate for FFY 2021 is 11.7%. Due to COVID-19 restrictions in FY 2020 and FY 2021, the Annual Synar Survey was completed by October 30, 2020.

**Indicator #:** 2

**Indicator:** Number of tobacco retailers visited and provided with retailer education materials per fiscal year

**Baseline Measurement:** 5,272

**First-year target/outcome measurement:** at least 5,000

**Second-year target/outcome measurement:** at least 5,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH Database

**New Data Source(if needed):**

**Description of Data:**

Number of tobacco retailers visited and provided educational materials is documented by prevention agencies, entered into a database by DMH staff and reported in the State's Annual Synar Report.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of tobacco retailers visited and provided with retailer education materials in FY 2020 is 5,456.

**Indicator #:** 3

**Indicator:** Number of Tobacco Treatment Specialists per fiscal year

**Baseline Measurement:** 29

**First-year target/outcome measurement:** at least 25

**Second-year target/outcome measurement:** at least 25

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Division of Behavioral Health Prevention Unit

**New Data Source(if needed):**

**Description of Data:**

Number of Tobacco Treatment Specialists is tracked by prevention staff.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment**

First Year Target:

☐

Achieved

☒

Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

No Tobacco Treatment Specialists were training in FY 2020 due to budget constraints as a result of the COVID-19 pandemic.

**How first year target was achieved *(optional)*:**

**Priority #:**

5

**Priority Area:**

Recovery Support Services

**Priority Type:**

SAT, MHS

**Population(s):**

SMI, SED, Other (Adolescents w/SA and/or MH, Rural, Criminal/Juvenile Justice, Homeless, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Provide support services to promote sustained recovery from behavioral health disorders

**Strategies to attain the goal:**

- 1) Continue to grow the number of Certified Peer Specialists working in Missouri's behavioral health treatment and recovery system of care.
- 2) Continue the four Drop-In Centers and five Peer Support Phone Lines for persons with mental illness
- 3) Promote the use of IPS Support Employment
- 4) Promote the use of Family Support
- 5) Promote the use of Recovery Support Services
- 6) Maintain a housing unit to administer the Shelter Plus Care grants to provide housing assistance to the Chronically homeless

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

Number of Certified Peer Specialists

**Baseline Measurement:**

800

**First-year target/outcome measurement:**

850

**Second-year target/outcome measurement:**

900

**New Second-year target/outcome measurement *(if needed)*:**

**Data Source:**

DBH Recovery Services Unit

**New Data Source *(if needed)*:**

**Description of Data:**

The number of Certified Peer Specialists is tracked by DBH Recovery Services Unit.

**New Description of Data *(if needed)*:**

**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Certified Peer Specialists in FY 2020 is 1,003.

Indicator #: 2

Indicator: Number of contracts for Consumer Operated Service Programs (e.g. Drop-In Centers and Peer Support Warm Lines) for persons with mental illness per fiscal year

Baseline Measurement: 9

First-year target/outcome measurement: 9

Second-year target/outcome measurement: 9

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

Description of Data:

Contracts are maintained by the DMH Contracts Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Consumer Operated Service Programs for persons with mental illness in FY 2020 is 9.

Indicator #: 3

Indicator: Number of IPS SE programs per fiscal year

Baseline Measurement: 20

First-year target/outcome measurement: 20

Second-year target/outcome measurement: 20

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Staff

**New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):****Indicator #:**

4

**Indicator:**

Number of families receiving family support per fiscal year

**Baseline Measurement:**

1,001

**First-year target/outcome measurement:**

at least 900

**Second-year target/outcome measurement:**

at least 900

**New Second-year target/outcome measurement(if needed):****Data Source:****New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):****Indicator #:**

5

**Indicator:** Number of Recovery Support Providers

**Baseline Measurement:** 53

**First-year target/outcome measurement:** 50

**Second-year target/outcome measurement:** 50

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH Contracts Unit

**New Data Source(if needed):**

**Description of Data:**

Contracts are mainlined by the DMH Contracts Unit.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of Recovery Support providers in FY 2020 is 53.

**Priority #:** 6

**Priority Area:** Medication Assisted Treatment for Addiction

**Priority Type:** SAT

**Population(s):** PWWDC, Other (Rural, Criminal/Juvenile Justice, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

To further integrate medication therapy into the substance use disorder treatment service delivery system.

**Strategies to attain the goal:**

- 1) Monitor utilization of MAT by provider and provide technical assistance as needed.
- 2) Increase utilization of different medications used in MAT at a given treatment provider.

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of consumers receiving medication therapy per fiscal year

**Baseline Measurement:** 6,488

**First-year target/outcome measurement:** at least 6,000

**Second-year target/outcome measurement:** at least 6,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH information system and Medicaid claims

**New Data Source(if needed):**

**Description of Data:**

Number of consumers receiving medication assisted treatment including use of methadone, Vivitrol, naltrexone, buprenorphine-containing medications, Antabuse and acamprosate (and any future FDA-approved MAT medication) is determined from billings excluding billings occurring while in detox.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

none

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of consumers receiving medication therapy in FY 2020 is 7,541.

**Priority #:** 7

**Priority Area:** Community Advocacy and Education

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Create positive community norms; policy change; promote mental wellness; and reduce alcohol, tobacco and other drug availability in Missouri's communities.

**Strategies to attain the goal:**

- 1) Build state and community capacity for fostering strong partnerships and identifying new opportunities for collaboration.
- 2) Further data capacity in support of data-driven strategic planning to include the continuation of the Missouri Student Survey and the Behavioral Health web tool.
- 3) Fund evidence-based programming to prevent substance use and bullying among high-risk youth.
- 4) Continue the education initiative in Eastern Missouri to address heroin and other opiate drug use.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of schools educated in Signs of Suicide

**Baseline Measurement:** N/A

**First-year target/outcome measurement:** at least 80

**Second-year target/outcome measurement:** at least 80

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DBH Contracted Providers

**New Data Source(if needed):**

**Description of Data:**

The number of schools educated in Signs of Suicide is tracked and reported by contracted providers.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of schools educated in Signs of Suicide in FY 2020 is 82

**Indicator #:**

2

**Indicator:**

Number of high-risk youth served in prevention programs per fiscal year

**Baseline Measurement:**

3,133

**First-year target/outcome measurement:**

at least 3,000

**Second-year target/outcome measurement:**

at least 3,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DBH Contracted Providers.

**New Data Source(if needed):**

**Description of Data:**

Number of high-risk youth served in prevention programs is tracked and reported by contracted providers.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The number of high-risk youth served in prevention programs in FY 2020 was 2,960. Due to the COVID-19 pandemic, prevention programs were transitioned to virtual format which resulted in fewer youth reached.

**How first year target was achieved (optional):**

**Indicator #:** 3  
**Indicator:** Number of persons trained in MHFA per fiscal year  
**Baseline Measurement:** 7,200  
**First-year target/outcome measurement:** at least 6,500  
**Second-year target/outcome measurement:** at least 6,500  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DBH Prevention Unit.

**New Data Source(if needed):**

**Description of Data:**

The number trained in MHFA is tracked by DBH prevention staff.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of persons trained in Mental Health First Aid in FY 2020 is 6,600

**Priority #:** 8  
**Priority Area:** School-Based Prevention Education  
**Priority Type:** SAP  
**Population(s):** PP, Other (Adolescents w/SA and/or MH, Children/Youth at Risk for BH Disorder)

**Goal of the priority area:**

To delay onset of substance use, reduce use, improve overall school performance, and reduce incidents of violence.

**Strategies to attain the goal:**

- 1) Enhance protective factors and reverse or reduce risk factors for substance use and violence.
- 2) Improve academic and social-emotional learning to address risk factors.
- 3) Employ interactive techniques that allow for active involvement in learning.
- 4) Reinforce prevention skills over time with repeated interventions.
- 5) Ensure programming is culturally competent and age appropriate.
- 6) Conduct annual fidelity reviews.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Number of students participating in SPIRIT per fiscal year  
**Baseline Measurement:** 9,354

**First-year target/outcome measurement:** at least 8,000

**Second-year target/outcome measurement:** at least 8,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Missouri Institute for Mental Health (MIMH)

**New Data Source(if needed):**

**Description of Data:**

SPIRIT participation is tracked and reported by the program evaluator MIMH.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of students participating in SPIRIT in FY 2020 is 9,834.

**Indicator #:** 2

**Indicator:** Annual report generated

**Baseline Measurement:** Yes

**First-year target/outcome measurement:** Yes

**Second-year target/outcome measurement:** Yes

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Missouri Institute for Mental Health (MIMH)

**New Data Source(if needed):**

**Description of Data:**

MIMH generates the annual report which is posted to the DMH public website.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Annual SPIRIT Report was generated and posted to the DMH website.

Priority #: 9

Priority Area: Prescription Drug Overdose Deaths

Priority Type: SAP

Population(s): PWWDC, PWID, Other (Rural, Criminal/Juvenile Justice, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Prevent Opioid-related deaths and connect individuals experiencing overdose events to SUD treatment

Strategies to attain the goal:

- 1) Increase the number of first responders, medical professionals, and other eligible groups trained to carry and administer naloxone.
- 2) Increase public awareness of opioid risks and best practices for assisting during an overdose event.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of individuals trained to carry and administer naloxone per fiscal year

Baseline Measurement: 6,564

First-year target/outcome measurement: 4,000

Second-year target/outcome measurement: 4,000

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):

Description of Data:

The number of individuals trained to carry and administer naloxone is tracked and reported by MIMH.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

### Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of individuals trained to carry and administer naloxone in FY 2020 is 6,228.

Indicator #: 2

Indicator: Number of doses of naloxone distributed per fiscal year

**Baseline Measurement:** 17,880  
**First-year target/outcome measurement:** at least 8,000  
**Second-year target/outcome measurement:** at least 8,000  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Missouri Institute for Mental Health (MIMH)

**New Data Source(if needed):**

**Description of Data:**

The number of naloxone doses distributed is tracked and reported by MIMH.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of doses of naloxone distributed in FY 2020 is 60,924. Funding for naloxone kits and distribution was provided by the State Opioid Response (SOR) Grant and the Missouri Opioid-Heroin Overdose Prevention and Education (MO-HOPE) project. No SABG Primary Prevention funds were utilized for this effort.

**Priority #:** 10

**Priority Area:** Evidence-based Mental Health Practices

**Priority Type:** MHS

**Population(s):** SMI, SED

**Goal of the priority area:**

Continue evidence-based practice to the same standards and fidelity as shown to be effective in research.

**Strategies to attain the goal:**

- 1) Continue to support EBP programs.
- 2) Provide on-going monitoring of fidelity in EBP programs.

## Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Number of adults served in ITCD per fiscal year  
**Baseline Measurement:** 2,867  
**First-year target/outcome measurement:** at least 2,000  
**Second-year target/outcome measurement:** at least 2,000  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH information system

**New Data Source(if needed):****Description of Data:**

Number of ITCD consumers is determined from paid encounters for ITCD services.

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number of adults served in ITCD in FY 2020 is 3,604.

**Indicator #:**

2

**Indicator:**

Number of adults served in ACT per fiscal year

**Baseline Measurement:**

692

**First-year target/outcome measurement:**

at least 650

**Second-year target/outcome measurement:**

at least 650

**New Second-year target/outcome measurement(if needed):****Data Source:**

DMH Information System

**New Data Source(if needed):****Description of Data:**

Number of ACT consumers is determined from paid encounters for ACT services.

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number adults served in ACT in FY 2020 is 829.

**Priority #:** 11

**Priority Area:** Persons who inject drugs intravenously

**Priority Type:** SAT

**Population(s):** PWID

**Goal of the priority area:**

Ensure the provision of services to person who inject drugs in accordance with Substance Abuse Prevention and Treatment Block Grant statutory requirements

**Strategies to attain the goal:**

- 1) Monitor contractual requirements pertaining to PWID
- 2) Generate reports to monitor length of time to initiate treatment and percent engagement in treatment
- 3) Increase one-on-one discussions with key provider staff about data reports and target technical assistance as needed.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of persons who inject drugs served in substance use disorder treatment per fiscal year (assuming the same level of funding)

**Baseline Measurement:** 11,634

**First-year target/outcome measurement:** at least 10,000

**Second-year target/outcome measurement:** at least 10,000

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH information system.

**New Data Source(if needed):**

**Description of Data:**

Persons who inject drugs are individuals for whom a paid claim on a substance use disorder treatment program was submitted to and paid by DMH. Injection drug use is determined from the TEDS data also captured in the DMH Information system as the route of administration for the substance as IV injection or non-IV injection on the primary, secondary or tertiary substances.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of persons who inject drugs served in substance use disorder treatment in FY 2020 is 12,830.

**Indicator #:** 2

**Indicator:** Average number of days from Initial Contact to first service for PWID per fiscal year

**Baseline Measurement:** 7.29

**First-year target/outcome measurement:** Less than 7

**Second-year target/outcome measurement:** Less than 7

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH Information System

**New Data Source(if needed):**

**Description of Data:**

The average number of calendar days between the Initial Contact date and the date of the first paid encounter for consumers who reported injection method at admission per fiscal year.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The average number of days from Initial Contact to the first service for the PWID population in FY 2020 is 4.91 days.

**Indicator #:** 3

**Indicator:** Percent of persons who inject drugs who have engaged in treatment per fiscal year

**Baseline Measurement:** 85%

**First-year target/outcome measurement:** at least 80%

**Second-year target/outcome measurement:** at least 80%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH Information System

**New Data Source(if needed):**

**Description of Data:**

The percent of the persons who reported injection method at admission who had at least 3 paid encounters during the treatment program per fiscal year.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The percent of the PWID population who have engaged in treatment in FY 2020 is 84%

Priority #: 12

Priority Area: Substance use treatment for Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Continue to provide services to pregnant women and women with dependent children

Strategies to attain the goal:

- 1) Monitor contractual compliance with regard to admission of pregnant women to substance use disorder treatment.
- 2) Continue collecting wait list and capacity management data for contracted providers.

### Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of pregnant women and women with dependent children served in substance use disorder treatment per fiscal year (assuming the same level of funding)

Baseline Measurement: 6,433

First-year target/outcome measurement: at least 5,900

Second-year target/outcome measurement: at least 5,900

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information System

New Data Source(if needed):

Description of Data:

The number of pregnant women and women with dependent children served is captured in the DMH information system. These are individuals for which a paid claim was submitted and paid by DMH. Pregnancy status and number of dependent children are captured in the DMH information system.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

**How first year target was achieved (optional):**

The number of pregnant women or women with dependent children served in substance use disorder treatment in FY 2020 is 6,497.

**Priority #:** 13  
**Priority Area:** Mental Health Services for Transition-Aged Youth and Young Adults  
**Priority Type:** MHS  
**Population(s):** SMI, SED

**Goal of the priority area:**

Promote collaboration, implementation of effective interventions and supports, and enhance skills of individuals who work with transition-aged youth, young adults and their families with behavioral health needs including those that may be at risk of a First Episode Psychosis.

**Strategies to attain the goal:**

- 1) Continue to participate in the Oversight Advisory Group which focuses on the needs of youth/young adults with behavioral health issues including being at risk of or experience First Episode Psychosis.
- 2) Provide education on the importance of advocacy, prevention, early identification/intervention, and evidence-based treatment.
- 3) Provide training on evidence-based and promising practices.
- 4) Expand Integrated Treatment for Co-Occurring Disorders (ITCD) services to meet the unique needs of the transition-aged youth/young adult population.
- 5) Promote ACT TAY programs statewide.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of education sessions per fiscal year  
**Baseline Measurement:** 13  
**First-year target/outcome measurement:** 4  
**Second-year target/outcome measurement:** 4

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The DBH Children's Unit tracks education sessions.

**New Data Source(if needed):**

**Description of Data:**

The number of education sessions are tracked and reported by the DMH Children's Unit.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of education sessions in FY 2020 is 11.

**Indicator #:** 2  
**Indicator:** Number of Evidence-Based Practice related provide trainings per fiscal year  
**Baseline Measurement:** 6  
**First-year target/outcome measurement:** 4  
**Second-year target/outcome measurement:** 4

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The DBH Children's Unit tracks EBP related trainings.

**New Data Source(if needed):**

**Description of Data:**

The number of Evidence Based Practice- related trainings for Mental Health transition-aged youth and young adults are tracked and reported by the DMH Children's Unit.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

none

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The number of Evidence-Based Practice related provider trainings in FY 2020 is 8.

**Indicator #:** 3  
**Indicator:** Number of Transition-Aged Youth/Young Adults served in ITCD per fiscal year  
**Baseline Measurement:** 53  
**First-year target/outcome measurement:** 50  
**Second-year target/outcome measurement:** 50

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DMH information system.

**New Data Source(if needed):**

**Description of Data:**

The number of Transition-Aged Youth/Young Adults served in ITCD is determined by paid encounters for ITCD services in youth community psychiatric services programs.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number of Transition-Aged Youth or Young Adults served in ITCD in FY 2020 is 362.

**Indicator #:** 4

**Indicator:** Number served in ACT TAY programs per fiscal year

**Baseline Measurement:** 529

**First-year target/outcome measurement:** 500

**Second-year target/outcome measurement:** 500

**New Second-year target/outcome measurement(if needed):****Data Source:**

DMH information system

**New Data Source(if needed):****Description of Data:**

The number of consumers with paid encounters in the Youth Assertive Community Treatment program.

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number of Transition-Aged Youth or Young Adults served in ACT in FY 2020 is 549.

**Priority #:** 14

**Priority Area:** Behavioral Healthcare services for Children

**Priority Type:** MHS

**Population(s):** SED

**Goal of the priority area:**

To enhance Children's Behavioral Health services by increasing the knowledge of effective services, supports and interventions, enhancing the skills of

service providers and expanding services based on the needs of the children, youth and families served.

#### Strategies to attain the goal:

- 1) Continue the statewide Adolescent CSTAR Committee focusing on the needs of youth/young adults with substance use issues. Committee will provide collaboration regarding issues of policy, training, treatment, funding, and outreach for adolescent substance use disorders.
- 2) Increase dissemination of research, best practices and success stories

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Number of meetings of the Adolescent CSTAR Committee per fiscal year.

**Baseline Measurement:** 6

**First-year target/outcome measurement:** at least 4

**Second-year target/outcome measurement:** at least 4

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DBH Children's Unit

**New Data Source(if needed):**

**Description of Data:**

The number of meetings is tracked and reported by the DBH Children's Unit.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

#### Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The number of meetings of the Adolescent CSTAR Committee in FY 2020 is 3. The fourth meeting of this group was cancelled due to the COVID-19 pandemic.

**How first year target was achieved (optional):**

**Indicator #:** 2

**Indicator:** Number of posts of articles, research, and stories specific to behavioral healthcare for children per fiscal year

**Baseline Measurement:** 25

**First-year target/outcome measurement:** 20

**Second-year target/outcome measurement:** 20

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

DBH Children's Unit

**New Data Source(if needed):**

**Description of Data:**

The number of postings is tracked and reported by the DBH Children's Unit.

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

None.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

The number of posts of articles, research, and stories specific to behavioral healthcare for children in FY 2020 is 23.

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**Footnotes:**

### III: Expenditure Reports

**Table 2 - State Agency Expenditure Report**

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance use disorder. For detailed instructions, refer to those in the Block Grant Application System (BGAS)

Expenditure Period Start Date: 7/1/2019      Expenditure Period End Date: 6/30/2020

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$17,781,988		\$65,709,810	\$17,209,993	\$44,564,705	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$2,708,183		\$1,007,792		\$4,935,603		
b. All Other	\$15,073,805		\$64,702,018	\$17,209,993	\$39,629,102		
2. Substance Abuse Primary Prevention	\$4,922,034			\$6,501,567	\$1,435,216		
3. Tuberculosis Services							
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) **							
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$1,058,734			\$2,399,224	\$1,131,465		
<b>11. Total</b>	<b>\$23,762,756</b>	<b>\$0</b>	<b>\$65,709,810</b>	<b>\$26,110,784</b>	<b>\$47,131,386</b>	<b>\$0</b>	<b>\$0</b>

\* Prevention other than primary prevention

\*\* Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered ?designated states? during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☒ Actual      ☐ Estimated

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**Footnotes:**

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2019    Expenditure End Date: 06/30/2020

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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Footnotes:

Missouri does not participate in a Syringe Services Program.

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2019    Expenditure End Date: 06/30/2020

[Please enter total number of individuals served]							
Syringe Service Program Name	# of Unique Individuals Served		HIV Testing	Treatment for Substance Use Conditions	Treatment for Physical Health	STD Testing	Hep C
	0	ONSITE Testing	0	0	0	0	0
		Referral to testing	0	0	0	0	0

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**Footnotes:**  
Missouri does not participate in a Syringe Services Program.

### III: Expenditure Reports

**Table 4 - State Agency SABG Expenditure Compliance Report**

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2017      Expenditure Period End Date: 9/30/2019

Expenditure Category	FY 2018 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$20,310,878
2. Primary Prevention	\$5,153,466
3. Tuberculosis Services	\$0
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	\$0
5. Administration (excluding program/provider level)	\$1,120,924
<b>Total</b>	<b>\$26,585,268</b>

\*Prevention other than Primary Prevention

\*\*Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

<p><b>Footnotes:</b></p> <p>Amount of primary prevention funds for primary prevention programs (this amount should match the total reported in Table 5a and Table 5b) \$4,087,334</p> <p>Amount of primary prevention funds in Table 4, Line 2 that are planned for Prevention-SA resource development (this amount should not include funds reported in Table 5a or Table 5b) \$1,066,132</p>
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### III: Expenditure Reports

**Table 5a - SABG Primary Prevention Expenditures Checklist**

The State or jurisdiction must complete either SABG Table 5a and/or 5b. There are six primary prevention strategies typically funded by principal agencies administering the SABG. Expenditures within each of the six strategies or Institute of Medicine Model (IOM) should be directly associated with the cost of completing the activity or task. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state or jurisdiction employs strategies not covered by these six categories, please report them under "Other," each in a separate row.

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	\$51,115	\$293,286	\$58,011	\$0	\$0
Information Dissemination	Indicated	\$0	\$0	\$0	\$0	\$0
Information Dissemination	Universal	\$399,277	\$2,929,241	\$178,111	\$0	\$0
Information Dissemination	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Information Dissemination</b>	<b>Total</b>	<b>\$450,392</b>	<b>\$3,222,527</b>	<b>\$236,122</b>	<b>\$0</b>	<b>\$0</b>
Education	Selective	\$912,549	\$0	\$25,093	\$0	\$0
Education	Indicated	\$0	\$0	\$0	\$0	\$0
Education	Universal	\$591,313	\$0	\$296,814	\$0	\$0
Education	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Education</b>	<b>Total</b>	<b>\$1,503,862</b>	<b>\$0</b>	<b>\$321,907</b>	<b>\$0</b>	<b>\$0</b>
Alternatives	Selective	\$312,595	\$0	\$8,819	\$0	\$0
Alternatives	Indicated	\$0	\$0	\$0	\$0	\$0
Alternatives	Universal	\$6,788	\$0	\$13,059	\$0	\$0
Alternatives	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Alternatives</b>	<b>Total</b>	<b>\$319,383</b>	<b>\$0</b>	<b>\$21,878</b>	<b>\$0</b>	<b>\$0</b>
Problem Identification and Referral	Selective	\$524	\$0	\$870	\$0	\$0
Problem Identification and Referral	Indicated	\$0	\$0	\$0	\$0	\$0
Problem Identification and Referral	Universal	\$578	\$0	\$1,183	\$0	\$0
Problem Identification and Referral	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$1,102</b>	<b>\$0</b>	<b>\$2,053</b>	<b>\$0</b>	<b>\$0</b>

Community-Based Process	Selective	\$286,061	\$0	\$280,234	\$0	\$0
Community-Based Process	Indicated	\$0	\$0	\$0	\$0	\$0
Community-Based Process	Universal	\$1,314,666	\$0	\$790,756	\$0	\$0
Community-Based Process	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Community-Based Process</b>	<b>Total</b>	<b>\$1,600,727</b>	<b>\$0</b>	<b>\$1,070,990</b>	<b>\$0</b>	<b>\$0</b>
Environmental	Selective	\$5,701	\$0	\$9,233	\$0	\$0
Environmental	Indicated	\$0	\$0	\$0	\$0	\$0
Environmental	Universal	\$11,623	\$0	\$20,509	\$0	\$0
Environmental	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Environmental</b>	<b>Total</b>	<b>\$17,324</b>	<b>\$0</b>	<b>\$29,742</b>	<b>\$0</b>	<b>\$0</b>
Section 1926 Tobacco	Selective	\$0	\$0	\$132,389	\$0	\$0
Section 1926 Tobacco	Indicated	\$0	\$0	\$0	\$0	\$0
Section 1926 Tobacco	Universal	\$0	\$0	\$458,281	\$0	\$0
Section 1926 Tobacco	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$590,670</b>	<b>\$0</b>	<b>\$0</b>
Other	Selective	\$96,718	\$0	\$82,747	\$0	\$0
Other	Indicated	\$0	\$0	\$0	\$0	\$0
Other	Universal	\$97,826	\$1,113,459	\$91,066	\$0	\$0
Other	Unspecified	\$0	\$0	\$0	\$0	\$0
<b>Other</b>	<b>Total</b>	<b>\$194,544</b>	<b>\$1,113,459</b>	<b>\$173,813</b>	<b>\$0</b>	<b>\$0</b>
	<b>Grand Total</b>	<b>\$4,087,334</b>	<b>\$4,335,986</b>	<b>\$2,447,175</b>		

Section 1926 – Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation “Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule” (45 CFR § 96.130), a state may not use the SABG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SABG funds\* that were allotted for Synar activities in the appropriate columns under 7 below.

\*Please list all sources, if possible (e.g., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

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**Footnotes:**

### III: Expenditure Reports

**Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories**

The state or jurisdiction must complete SABG Table 5b if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations).

Expenditure Period Start Date: 10/1/2017      Expenditure Period End Date: 9/30/2019

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$1,968,695	\$2,175,915	\$1,565,999	\$0	\$0
Universal Indirect	\$453,376	\$1,866,785	\$283,781	\$0	\$0
Selective	\$1,665,263	\$293,286	\$597,395	\$0	\$0
Indicated	\$0	\$0	\$0	\$0	\$0
<b>Column Total</b>	<b>\$4,087,334</b>	<b>\$4,335,986</b>	<b>\$2,447,175</b>	<b>\$0</b>	<b>\$0</b>

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

### III: Expenditure Reports

**Table 5c - SABG Primary Prevention Priorities and Special Population Categories**

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2018 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2017      Expenditure Period End Date: 9/30/2019

Targeted Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input type="checkbox"/>
Targeted Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>

**Footnotes:**

### III: Expenditure Reports

**Table 6 - Resource Development Expenditure Checklist**

Expenditure Period Start Date: 10/1/2017      Expenditure Period End Date: 9/30/2019

Activity	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*
1. Information Systems	\$0	\$0	\$0	\$0
2. Infrastructure Support	\$0	\$0	\$0	\$0
3. Partnerships, community outreach, and needs assessment	\$0	\$10,491	\$1,041,132	\$0
4. Planning Council Activities (MHBG required, SABG optional)	\$0	\$0	\$0	\$0
5. Quality Assurance and Improvement	\$0	\$0	\$0	\$0
6. Research and Evaluation	\$0	\$0	\$0	\$0
7. Training and Education	\$81,280	\$0	\$25,000	\$0
<b>8. Total</b>	<b>\$81,280</b>	<b>\$10,491</b>	<b>\$1,066,132</b>	<b>\$0</b>

\*SABG combined, showing amounts for non-direct services/system development when you cannot separate out the amounts devoted specifically to treatment or prevention. For the combined column, do not include any amounts listed in the prevention and treatment columns.

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**Footnotes:**

Amount of SABG Primary Prevention funds (from Table 4, Row 2) used for SABG Prevention Resource Development Activities for SABG Prevention, Column B = \$1,066,132






















Amount of SABG Administration funds (from Table 4, Row 5) used for SABG Prevention Resource Development Activities for SABG Prevention, Column B = \$0 .

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID (formerly I- SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
	1674a	MO100626		Eastern	Assisted Recovery Centers of America	6651 Chippewa Street Suite 224	St. Louis	MO	63109	\$516,656	\$516,656	\$0	\$0	\$0	\$0
	1674	X		Southeast	Assisted Recovery Centers Of America	1565 Sainte Genevieve Avenue	Farmington	MO	63640	\$13,120	\$13,120	\$0	\$0	\$0	\$0
	1641	X		Eastern	Big Brothers Big Sisters of Eastern Missouri	501 North Grand Blvd.	St. Louis	MO	63103	\$92,667	\$0	\$0	\$92,667	\$0	\$0
	257	X		Eastern	BJC Behavioral Health	1430 Olive Street	Saint Louis	MO	63103 -1006	\$14,167	\$14,167	\$0	\$0	\$0	\$0
	173a	MO101558		Eastern	Black Alc/Drug Service Information Ctr	3026 Locust Street	Saint Louis	MO	63101	\$71,615	\$71,615	\$71,615	\$0	\$0	\$0
	173b	MO101735		Eastern	Black Alc/Drug Service Information Ctr	3026 Locust Street	Saint Louis	MO	63103	\$522,551	\$522,551	\$158,875	\$0	\$0	\$0
	153az	MO101785		Eastern	Bridgeway Behavioral Health	325 San Juan Drive	Saint Charles	MO	63303	\$50,109	\$50,109	\$0	\$0	\$0	\$0
	043b	MO101030		Southwest	Burrell Behavioral Health	155 Corporate Place	Branson	MO	65616	\$12,410	\$12,410	\$0	\$0	\$0	\$0
	043g	MO101495		Southwest	Burrell Behavioral Health	323 East Grand Street	Springfield	MO	65807	\$419	\$419	\$0	\$0	\$0	\$0
	043i	MO101804		Southwest	Burrell Behavioral Health	1931 East Cherry Street	Springfield	MO	65802	\$11,497	\$11,497	\$0	\$0	\$0	\$0
	043n	MO750593		Southwest	Burrell Behavioral Health	800 South Park Avenue	Springfield	MO	65802	\$434,265	\$310,257	\$0	\$124,008	\$0	\$0
	043p	MO100208		Southwest	Burrell Behavioral Health Care Center	1322 South Campbell Avenue	Springfield	MO	65807	\$24,080	\$24,080	\$0	\$0	\$0	\$0
	318a	MO101293		Eastern	Center for Life Solutions	9144 Pershall Road	Hazelwood	MO	63042	\$765,747	\$765,747	\$0	\$0	\$0	\$0
	008	X		Statewide	Central Office	1706 E. Elm Street	Jefferson City	MO	65101	\$122,081	\$998	\$0	\$121,083	\$0	\$0
	048a	MO101028		Southwest	Clark Community Mental Health Center	P.O. Box 100	Pierce City	MO	65723	\$716	\$716	\$0	\$0	\$0	\$0
	048h	MO100249		Southwest	Clark Community Mental Health Center	P.O. Box 100	Pierce City	MO	65723	\$5,300	\$5,300	\$0	\$0	\$0	\$0
	074c	MO100930		Southwest	Comm Mental Health Consultants Inc	815 South Ash Street	Nevada	MO	64772	\$38,065	\$38,065	\$0	\$0	\$0	\$0
	074e	MO100011		Southwest	Comm Mental Health Consultants Inc	815 South Ash Street	Nevada	MO	64772	\$3,557	\$3,557	\$0	\$0	\$0	\$0
	074a	MO103330		Northwest	Comm Mental Health Consultants Inc	306 South Independence Street	Harrisonville	MO	64701	\$6,077	\$6,077	\$0	\$0	\$0	\$0
	1642	X		Southwest	Community Partnership of	330 North Jefferson	Springfield	MO	65806	\$431,895	\$0	\$0	\$431,895	\$0	\$0

					the Ozarks	Avenue									
	049	MO901527	✖	Southwest	Compass Health Inc	1800 Community Drive	Clinton	MO	64735	\$411,972	\$63,847	\$75	\$348,125	\$0	\$0
	049bm	MO100280	✔	Southwest	Compass Health Inc	805 North Orange Street	Butler	MO	64730	\$57	\$57	\$0	\$0	\$0	\$0
	049p	MO103280	✖	Northwest	Compass Health Inc	703 North Devasher Road	Warrensburg	MO	64093	\$15,376	\$15,376	\$0	\$0	\$0	\$0
	049a	MO106614	✔	Central	Compass Health Inc	1239 Santa Fe Trail Suite 300	Marshall	MO	65340	\$7,259	\$7,259	\$0	\$0	\$0	\$0
	049ak	MO902269	✔	Central	Compass Health Inc	201 North Garth Avenue	Columbia	MO	65203	\$405,055	\$405,055	\$405,029	\$0	\$0	\$0
	049al	MO100179	✔	Central	Compass Health Inc	1091 Midway Drive	Linn Creek	MO	65052	\$26,960	\$26,960	\$0	\$0	\$0	\$0
	049an	MO750056	✔	Central	Compass Health Inc	117 North Garth Avenue	Columbia	MO	65203	\$200,407	\$200,407	\$14,090	\$0	\$0	\$0
	049au	MO100776	✔	Central	Compass Health Inc	117 North Garth Avenue	Columbia	MO	65203	\$377	\$377	\$377	\$0	\$0	\$0
	049av	MO100483	✔	Central	Compass Health Inc	2625 Fairway Drive Suite E	Fulton	MO	65251	\$42,025	\$42,025	\$906	\$0	\$0	\$0
	049bl	MO100271	✖	Central	Compass Health Inc	227 Metro Drive	Jefferson City	MO	65109	\$96,890	\$96,890	\$0	\$0	\$0	\$0
	049bp	MO101502	✖	Central	Compass Health Inc	1000 W. Nifong Blvd.	Columbia	MO	65203	\$900	\$900	\$0	\$0	\$0	\$0
	049bq	MO1023376	✖	Central Region	Compass Health Inc	200 N Keene	Columbia	MO	65201-8143	\$1,521	\$1,521	\$0	\$0	\$0	\$0
	049f	MO106267	✔	Central	Compass Health Inc	200 North Keene Street	Columbia	MO	65201	\$16,393	\$16,393	\$0	\$0	\$0	\$0
	049k	MO103207	✔	Central	Compass Health Inc	1800 Community Drive	Clinton	MO	64735	\$177,652	\$177,652	\$46,811	\$0	\$0	\$0
	049l	MO105814	✔	Central	Compass Health Inc	1216 Deadra Drive	Lebanon	MO	65536	\$21,445	\$21,445	\$13,968	\$0	\$0	\$0
	049b	MO106218	✔	Southeast	Compass Health Inc	1448 East 10th Street	Rolla	MO	65401	\$6,072	\$6,072	\$0	\$0	\$0	\$0
	058d	MO100710	✔	Northwest	Comprehensive Mental Health Services	4311 East 58th Street	Kansas City	MO	64130	\$45,391	\$45,391	\$0	\$0	\$0	\$0
	058h	MO105772	✔	Northwest	Comprehensive Mental Health Services	416 East College Street	Independence	MO	64050	\$69,452	\$69,452	\$69,452	\$0	\$0	\$0
	058j	MO102319	✖	Northwest	Comprehensive Mental Health Services	7447 Holmes	Kansas City	MO	64131	\$34,266	\$34,266	\$32,958	\$0	\$0	\$0
	082a	MO901592	✔	Eastern	COMTREA Inc	227 East Main Street	Festus	MO	63028	\$32,515	\$32,515	\$0	\$0	\$0	\$0
	082b	MO103009	✔	Eastern	COMTREA Inc	21 Municipal Drive	Arnold	MO	63010	\$91	\$91	\$0	\$0	\$0	\$0
	082f	MO101493	✔	Eastern	COMTREA Inc	227 East Main Street	Festus	MO	63028	\$44	\$44	\$0	\$0	\$0	\$0
	082g	MO101487	✔	Eastern	COMTREA Inc	9501 Gold Finch Lane	Hillsboro	MO	63050	\$9,317	\$9,317	\$0	\$0	\$0	\$0
	1206a	X	✖	Eastern	Curators of the University of Missouri - Saint Louis	341 Woods Hall, One University Blvd	Saint Louis	MO	63121-4400	\$30,403	\$0	\$0	\$30,403	\$0	\$0
	056b	MO301793	✖	Southeast	Family Counseling Center	P.O. Box 441	Hayti	MO	63851	\$57,113	\$57,113	\$0	\$0	\$0	\$0
	056ae	MO100274	✖	Southeast	Family Counseling Center	P.O. Box 71	Kennett	MO	63857	\$391	\$391	\$0	\$0	\$0	\$0
	056af	MO100868	✖	Southeast	Family Counseling Center	626 Independence Street	Cape Girardeau	MO	64703	\$164,539	\$5,874	\$5,874	\$158,664	\$0	\$0
	056o	MO101501	✖	Southeast	Family Counseling Center	925 Highway VV	Kennett	MO	63857	\$1,012	\$1,012	\$0	\$0	\$0	\$0
	056p	MO101548	✔	Southeast	Family Counseling Center	624 North Walnut Street	Steele	MO	63877	\$521	\$521	\$0	\$0	\$0	\$0
	056v	MO102261	✔	Southeast	Family Counseling Center Inc	305 Cooper Street	Charleston	MO	63834	\$429	\$429	\$0	\$0	\$0	\$0
	056y	MO101564	✖	Southeast	Family Counseling Center Inc	875 Highway V V	Kennett	MO	63857	\$1,238	\$1,238	\$0	\$0	\$0	\$0

056ah	MO100093	✓	Southeast	Family Counseling Center Inc	3403 Division Drive	West Plains	MO	65775	\$51,768	\$51,768	\$0	\$0	\$0	\$0
056a	MO101128	✓	Southeast	Family Counseling Center Inc	20 South Sprigg Street Suite 2	Cape Girardeau	MO	63703	\$684,657	\$684,657	\$684,657	\$0	\$0	\$0
056ac	MO101227	✓	Southeast	Family Counseling Center Inc	P.O. Box 470	Kennett	MO	63857	\$23,826	\$23,826	\$0	\$0	\$0	\$0
056ba	X	✗	Southeast	Family Counseling Center Inc	106 S. Fredrick St	Cape Girardeau	MO	63703	\$104,753	\$104,753	\$103,479	\$0	\$0	\$0
056bb	MO100087	✗	Southeast	Family Counseling Center Inc	1639 Bruce Smith Parkway	West Plains	MO	65775	\$24	\$24	\$0	\$0	\$0	\$0
056bc	MO100238	✓	Southeast	Family Counseling Center Inc	1201 Jones Street	Kennett	MO	63857	\$52	\$52	\$0	\$0	\$0	\$0
056bd	MO101391	✓	Southeast	Family Counseling Center Inc	915 Highway 84	Caruthersville	MO	63830	\$73	\$73	\$0	\$0	\$0	\$0
056be	MO101549	✗	Southeast	Family Counseling Center Inc	801 E Marshall St	Charleston	MO	63834	\$6,712	\$6,712	\$6,103	\$0	\$0	\$0
056bf	MO105830	✗	Southeast	Family Counseling Center Inc	203 S. East 2nd Street	Ava	MO	65608	\$862	\$862	\$0	\$0	\$0	\$0
056e	MO100620	✓	Southeast	Family Counseling Center Inc	1719 Business Highway 60 Suite A	Dexter	MO	63841	\$7,113	\$7,113	\$0	\$0	\$0	\$0
056f	MO000041	✗	Southeast	Family Counseling Center Inc	3411 Division Drive	West Plains	MO	65775	\$202,989	\$202,989	\$0	\$0	\$0	\$0
056g	MO903598	✓	Southeast	Family Counseling Center Inc	925 Highway V V P.O. Box 71	Kennett	MO	63857	\$79,029	\$79,029	\$34,531	\$0	\$0	\$0
056m	MO105848	✓	Southeast	Family Counseling Center Inc	925 HWY V V	Kennett	MO	63857	\$11,656	\$11,656	\$0	\$0	\$0	\$0
056n	MO750502	✓	Southeast	Family Counseling Center Inc	1015 Lanton Road	West Plains	MO	65775	\$583,778	\$583,778	\$0	\$0	\$0	\$0
045	MO101532	✓	Northwest	Family Guidance Center	724 North 22nd Street	Saint Joseph	MO	64506	\$3,694	\$3,694	\$0	\$0	\$0	\$0
045a	MO105244	✓	Northwest	Family Guidance Center	724 North 22nd Street	Saint Joseph	MO	64506	\$467	\$467	\$0	\$0	\$0	\$0
045c	MO902608	✓	Northwest	Family Guidance Center	724 North 22nd Street	Saint Joseph	MO	64506	\$569	\$569	\$0	\$0	\$0	\$0
045d	MO902673	✓	Northwest	Family Guidance Center/Cameron	724 North 22nd Street	Saint Joseph	MO	64506	\$2,540	\$2,540	\$0	\$0	\$0	\$0
156b	MO101029	✓	Southwest	Family Self Help Center Inc	P.O. Box 1765	Joplin	MO	64804	\$524,493	\$524,493	\$524,493	\$0	\$0	\$0
156c	MO100287	✓	Southwest	Family Self Help Center Inc	118 West Spring Street	Neosho	MO	64850	\$66,054	\$66,054	\$66,054	\$0	\$0	\$0
171	X	✗	Northwest	First Call Alcohol/Drug Prevention & Recovery	633 East 63rd Street	Kansas City	MO	64110	\$179,173	\$0	\$0	\$179,173	\$0	\$0
201	MO101433	✗	Eastern	Gateway Foundation, Inc.	1430 Olive Street	St. Louis	MO	63103	\$47,545	\$47,545	\$0	\$0	\$0	\$0
055	MO101673	✓	Southeast	Gibson Recovery Center	P.O. Box 1267	Cape Girardeau	MO	63702	\$44,740	\$44,740	\$0	\$0	\$0	\$0
055ad	MO101587	✗	Southeast	Gibson Recovery Center	213 North Sprigg Street	Cape Girardeau	MO	63703	\$189,592	\$189,592	\$0	\$0	\$0	\$0
055ah	MO100058	✓	Southeast	Gibson Recovery Center	P.O. Box 1267	Cape Girardeau	MO	63703	\$26,764	\$26,764	\$0	\$0	\$0	\$0
055ai	MO101720	✗	Southeast	Gibson Recovery Center	P.O. Box 1267	Cape Girardeau	MO	63703	\$3,399	\$3,399	\$0	\$0	\$0	\$0
055b	MO103785	✓	Southeast	Gibson Recovery Center Inc	1418 West Saint Joseph Street Suite 60	Perryville	MO	63775	\$76,516	\$76,516	\$0	\$0	\$0	\$0
055c	MO104593	✓	Southeast	Gibson Recovery Center Inc	137 East Front Street	Sikeston	MO	63801	\$62,869	\$62,869	\$0	\$0	\$0	\$0
055a	MO903911	✓	Southeast	Gibson Recovery Center Inc	P.O. Box 1267	Cape Girardeau	MO	63702	\$433,500	\$433,500	\$0	\$0	\$0	\$0
				Heartland										

	154a	MO100526	✓	Northwest	Center for Behavioral Change	1205 West College Street	Liberty	MO	64068	\$80,997	\$80,997	\$0	\$0	\$0	\$0
	154ao	MO100044	✓	Northwest	Heartland Center for Behavioral Change	1212 McGee Street	Kansas City	MO	64106	\$22,972	\$22,972	\$0	\$0	\$0	\$0
	154ap	MO100045	✓	Northwest	Heartland Center for Behavioral Change	103 North Main Street Suite 102	Independence	MO	64050	\$271,306	\$271,306	\$0	\$0	\$0	\$0
	154b	MO301785	✓	Northwest	Heartland Center for Behavioral Change	1730 Prospect Avenue	Kansas City	MO	64127	\$381,315	\$381,315	\$0	\$0	\$0	\$0
	154k	MO100870	✓	Northwest	Heartland Center for Behavioral Change	1730 Prospect Ave Suite 100	Kansas City	MO	64137	\$933,000	\$933,000	\$0	\$0	\$0	\$0
	1655	X	✗	Northwest	Kim Wilson Housing	730 Armstrong Ave	Kansas City	MO	66101-2702	\$5,457	\$5,457	\$0	\$0	\$0	\$0
	401	X	✗	Statewide	Learfield Communications	505 Hobbs Rd	Jefferson City	MO	65109	\$154,242	\$0	\$0	\$154,242	\$0	\$0
	1646	X	✗	Southeast	Lincoln University	Business & Finance 306 Young Hall PO Box 29	Jefferson City	MO	65109	\$99,749	\$0	\$0	\$99,749	\$0	\$0
	1647	X	✗	Statewide	Missouri Alliance of Boys & Girls Clubs	122 N Ocean Drive	Port Lavaca	TX	77979	\$379,016	\$0	\$0	\$379,016	\$0	\$0
	1653	X	✗	Statewide	Missouri Association of Community Task Forces	428 E. Capitol	Jefferson City	MO	65101	\$514,594	\$0	\$0	\$514,594	\$0	\$0
	152	X	✗	Eastern	National Council on Alcoholism & Drug Abuse	8790 Manchester Road	Brentwood	MO	63144	\$616,351	\$0	\$0	\$616,351	\$0	\$0
	262	MO102928	✗	Eastern	New Beginnings CSTAR	1027 South Vandeventer Floor 3 and 4	Saint Louis	MO	63110	\$48,197	\$48,197	\$0	\$0	\$0	\$0
	052a	MO103389	✓	Southwest	Ozark Center/New Directions	214 North Washington Street	Neosho	MO	64850	\$29	\$29	\$0	\$0	\$0	\$0
	052b	MO100650	✓	Southwest	Ozark Center/New Directions	305 Virginia Street	Joplin	MO	64801	\$20,199	\$20,199	\$0	\$0	\$0	\$0
	052d	MO901501	✓	Southwest	Ozark Center/New Directions	3010 McClelland Boulevard	Joplin	MO	64804	\$57,119	\$57,119	\$0	\$0	\$0	\$0
	052l	MO100869	✓	Southwest	Ozark Center/New Directions	P.O. Box 2526	Joplin	MO	64803	\$15	\$15	\$0	\$0	\$0	\$0
	053a	MO102159	✓	Central	Phoenix Programs Inc	90 East Leslie Lane	Columbia	MO	65202	\$990,646	\$990,646	\$0	\$0	\$0	\$0
	153ba	MO101824	✓	Eastern	Preferred Family Healthcare	P.O. Box 767	Kirkville	MO	63501	\$2,941	\$2,941	\$0	\$0	\$0	\$0
	153	MO102125	✓	Eastern	Preferred Family Healthcare	P.O. Box 767	Kirkville	MO	63501	\$55,264	\$55,264	\$0	\$0	\$0	\$0
	153av	MO100786	✓	Eastern	Preferred Family Healthcare	900 East LaHarpe Street PO Box 767	Kirkville	MO	63501	\$513,006	\$513,006	\$0	\$0	\$0	\$0
	153aw	MO101136	✓	Eastern	Preferred Family Healthcare Inc	1601 Old South River Road	Saint Charles	MO	63303	\$410,035	\$410,035	\$410,035	\$0	\$0	\$0
	153ax	MO101458	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirkville	MO	63501	\$185,301	\$185,301	\$27,516	\$0	\$0	\$0
	153ay	MO101486	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirkville	MO	63501	\$67,255	\$67,255	\$12,785	\$0	\$0	\$0
	153ab	MO101479	✓	Northwest	Preferred Family Healthcare Inc	611 West 3rd Street	Milan	MO	63556	\$1,196	\$1,196	\$0	\$0	\$0	\$0
	153ac	MO102019	✓	Northwest	Preferred Family Healthcare Inc	8333 East Blue Parkway	Kansas City	MO	64133	\$182,160	\$182,160	\$0	\$0	\$0	\$0
	153bb	MO102803	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirkville	MO	63501	\$57,325	\$57,325	\$10,119	\$0	\$0	\$0
	153bc	MO106069	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirkville	MO	63501	\$102,533	\$102,533	\$29,681	\$0	\$0	\$0
	153bh	MO100193	✓	Eastern	Preferred Family Healthcare Inc	4928 Delmar Boulevard	Saint Louis	MO	63108	\$268,023	\$268,023	\$0	\$0	\$0	\$0

	153ai	MO101449	✗	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirkville	MO	63501	\$10,055	\$10,055	\$0	\$0	\$0	\$0
	153al	MO101648	✓	Eastern	Preferred Family Healthcare Inc	269 Firehouse Lane Suite 1	Troy	MO	63379	\$43,895	\$43,895	\$0	\$0	\$0	\$0
	153am	MO101090	✓	Eastern	Preferred Family Healthcare Inc	411 East Locust Street	Union	MO	63084	\$27,296	\$27,296	\$0	\$0	\$0	\$0
	153as	MO100082	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirkville	MO	63501	\$89,124	\$89,124	\$48,828	\$0	\$0	\$0
	153at	MO100283	✓	Eastern	Preferred Family Healthcare Inc	P.O. Box 767	Kirkville	MO	63501	\$326	\$326	\$0	\$0	\$0	\$0
	153b	MO105723	✓	Central	Preferred Family Healthcare Inc	101 Adams Street	Jefferson City	MO	65101	\$128,785	\$128,785	\$0	\$0	\$0	\$0
	153af	MO106093	✓	Central	Preferred Family Healthcare Inc	137 West Cedar Street	Kahoka	MO	63445	\$2,670	\$2,670	\$0	\$0	\$0	\$0
	153f	MO105046	✗	Central	Preferred Family Healthcare Inc	1715 South Morley Street Suite A	Moberly	MO	65270	\$32,653	\$32,653	\$0	\$0	\$0	\$0
	153i	MO101797	✓	Central	Preferred Family Healthcare Inc	900 East LaHarpe Street	Kirkville	MO	63501	\$791,470	\$417,959	\$48,305	\$373,511	\$0	\$0
	153l	MO101169	✓	Central	Preferred Family Healthcare Inc	P.O. Box 767	Kirkville	MO	63501	\$14,781	\$14,781	\$0	\$0	\$0	\$0
	153q	MO100668	✓	Central	Preferred Family Healthcare Inc	210 Hoover Road	Jefferson City	MO	65109	\$563,121	\$563,121	\$0	\$0	\$0	\$0
	153w	MO100503	✓	Eastern	Preferred Family Healthcare Inc	5025 Northrup Avenue	Saint Louis	MO	63110	\$157,424	\$157,424	\$0	\$0	\$0	\$0
	153d	MO100567	✓	Eastern	Preferred Family Healthcare Inc	3800 South Broadway	Saint Louis	MO	63118	\$484,710	\$484,710	\$0	\$0	\$0	\$0
	153e	MO105715	✗	Eastern	Preferred Family Healthcare Inc	Brookville Office 900 East LaHarpe Street	Kirkville	MO	63501	\$161,199	\$161,199	\$0	\$0	\$0	\$0
	153bl	MO105202	✓	Northwest	Preferred Family Healthcare Inc	1628 Oklahoma Avenue	Trenton	MO	64683	\$72,495	\$72,495	\$0	\$0	\$0	\$0
	153o	MO000025	✓	Northwest	Preferred Family Healthcare Inc	7 Westowne Street	Liberty	MO	64068	\$273,252	\$273,252	\$0	\$0	\$0	\$0
	153j	MO105038	✗	Northwest	Preferred Family Healthcare Inc	1702 Buckingham Drive	Saint Joseph	MO	64506	\$68,486	\$68,486	\$0	\$0	\$0	\$0
	153ah	MO100922	✓	Southwest	Preferred Family Healthcare Inc	5620 West Wildwood Ranch Parkway	Joplin	MO	64804	\$267,760	\$267,760	\$0	\$0	\$0	\$0
	153aq	MO903879	✓	Southwest	Preferred Family Healthcare Inc	P.O. Box 1277	Springfield	MO	65801	\$1,839	\$1,839	\$0	\$0	\$0	\$0
	153au	MO100765	✗	Eastern	Preferred Family Healthcare, Inc.	P.O. Box 767	Kirkville	MO	63501	\$792,734	\$792,734	\$0	\$0	\$0	\$0
	1648	X	✗	Southeast	Prevention Consultants	104 E. Seventh Street	Rolla	MO	65401	\$138,633	\$0	\$0	\$138,633	\$0	\$0
	189	MO100591	✗	Eastern	Queen of Peace Center at Cathedral	325 North Newstead Avenue	Saint Louis	MO	63108	\$146,889	\$146,889	\$86,708	\$0	\$0	\$0
	057i	MO101786	✗	Northwest	ReDiscover	927 NE Columbus Street	Lees Summit	MO	64086	\$5,580	\$5,580	\$0	\$0	\$0	\$0
	057j	MO101436	✓	Northwest	ReDiscover	3720 Gillham Road	Kansas City	MO	64111	\$43,478	\$43,478	\$43,447	\$0	\$0	\$0
	057k	MO102287	✓	Northwest	ReDiscover	901 NE Independence Avenue	Lees Summit	MO	64086	\$62,181	\$62,181	\$0	\$0	\$0	\$0
	057l	MO100192	✓	Northwest	ReDiscover	P.O. Box 10025	Kansas City	MO	64127	\$110,722	\$110,722	\$110,644	\$0	\$0	\$0
	057m	MO100191	✓	Northwest	ReDiscover	3211 Woodland Avenue	Kansas City	MO	64109	\$324,612	\$324,612	\$324,384	\$0	\$0	\$0
	057n	MO100667	✓	Northwest	ReDiscover	1555 E Rice Road	Lees Summit	MO	64086	\$391,505	\$391,505	\$0	\$0	\$0	\$0
	057o	MO100716	✓	Northwest	ReDiscover	1555-E NE Rice Road	Lees Summit	MO	64086	\$40,558	\$40,558	\$0	\$0	\$0	\$0
	057q	MO102352	✗	Northwest	ReDiscover	1579 NE Rice Rd	Lees Summit	MO	64086	\$4,054	\$4,054	\$423	\$0	\$0	\$0
	089a	MO750403	✓	Eastern	Salvation Army	1130 Hampton Avenue	Saint Louis	MO	63139	\$564,862	\$564,862	\$0	\$0	\$0	\$0
	089b	MO101033	✗	Eastern	Salvation Army/Harbor Light Center	1130 Hampton Avenue	Saint Louis	MO	63139	\$43,492	\$43,492	\$0	\$0	\$0	\$0
	1651	X	✗	Northwest	SAVE Inc	3000 Harrison St, PO Box 45301	Kansas City	MO	64171	\$5,034	\$5,034	\$0	\$0	\$0	\$0
					Southeast										

158q	MO101469	✓	Southeast	Missouri Behavioral Health	P.O. Box 107	Poplar Bluff	MO	63902	\$6,663	\$6,663	\$0	\$0	\$0	\$0
158r	MO101471	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 459	Farmington	MO	63640	\$4,990	\$4,990	\$0	\$0	\$0	\$0
158s	MO101470	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 107	Poplar Bluff	MO	63901	\$693	\$693	\$0	\$0	\$0	\$0
158t	MO101518	✓	Southeast	Southeast Missouri Behavioral Health	1014 West Highway 28	Owensville	MO	65066	\$18,798	\$18,798	\$0	\$0	\$0	\$0
158a	MO000022	✓	Southeast	Southeast Missouri Behavioral Health	101 South Main Street	Poplar Bluff	MO	63901	\$158,275	\$158,275	\$0	\$0	\$0	\$0
158aa	MO100240	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 459	Farmington	MO	63640	\$258,907	\$258,907	\$0	\$0	\$0	\$0
158ab	MO100236	✓	Southeast	Southeast Missouri Behavioral Health	200 North Washington Street	Salem	MO	65560	\$81,950	\$81,950	\$0	\$0	\$0	\$0
158ac	MO100275	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 107	Poplar Bluff	MO	63902	\$24,326	\$24,326	\$0	\$0	\$0	\$0
158ad	MO903853	✓	Southeast	Southeast Missouri Behavioral Health	203 North Grand Street	Salem	MO	65560	\$320,990	\$320,990	\$0	\$0	\$0	\$0
158ae	MO100730	✗	Southeast	Southeast Missouri Behavioral Health	402 N Grand Street	Salem	MO	65560	\$18,653	\$18,653	\$0	\$0	\$0	\$0
158b	MO103157	✓	Southeast	Southeast Missouri Behavioral Health	1597 North Highway 63	Houston	MO	65483	\$20,141	\$20,141	\$0	\$0	\$0	\$0
158c	MO902319	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 459	Farmington	MO	63640	\$354,563	\$266,611	\$0	\$87,952	\$0	\$0
158d	MO102124	✓	Southeast	Southeast Missouri Behavioral Health	P.O. Box 459	Farmington	MO	63640	\$6,107	\$6,107	\$0	\$0	\$0	\$0
158e	MO102571	✓	Southeast	Southeast Missouri Behavioral Health	10071 Crescent Road	Potosi	MO	63664	\$50,840	\$50,840	\$0	\$0	\$0	\$0
158h	MO000021	✗	Southeast	Southeast Missouri Behavioral Health	3150 Warrior Lane	Poplar Bluff	MO	63901	\$80,655	\$80,655	\$0	\$0	\$0	\$0
158i	MO102289	✗	Southeast	Southeast Missouri Behavioral Health	200 Saint Mary Street	Pilot Knob	MO	63663	\$7,882	\$7,882	\$0	\$0	\$0	\$0
158j	MO103165	✗	Southeast	Southeast Missouri Behavioral Health	312 North Franklin Street	Cuba	MO	65453	\$55,005	\$55,005	\$0	\$0	\$0	\$0
158k	MO103140	✗	Southeast	Southeast Missouri Behavioral Health	1051 Kings Highway Suite 5	Rolla	MO	65401	\$82,389	\$82,389	\$0	\$0	\$0	\$0
158o	MO101468	✓	Southeast	Southeast Missouri Behavioral Health	104 Washington Street Suite A	Doniphan	MO	63935	\$2,858	\$2,858	\$0	\$0	\$0	\$0
158p	MO101451	✗	Eastern	Southeast Missouri Behavioral Health	1430 Doubet Road	Farmington	MO	63640	\$15,167	\$15,167	\$0	\$0	\$0	\$0
1694	X	✗	Southeast	Southeast Missouri State University	One University Plaza	Cape Girardeau	MO	63701	\$114,010	\$0	\$0	\$114,010	\$0	\$0

185	MO105152	✓	Northwest	Tri County Mental Health Services	3100 NE 83rd Street Suite 1001	Kansas City	MO	64119	\$101,128	\$0	\$0	\$101,128	\$0	\$0
061f	MO106671	✓	Central	Turning Point Recovery Center	100 East Rollins Street Suite A	Moberly	MO	65270	\$28,016	\$28,016	\$0	\$0	\$0	\$0
061g	MO100718	✓	Central	Turning Point Recovery Center	504 Lewis Street	Canton	MO	63435	\$17,350	\$17,350	\$0	\$0	\$0	\$0
061i	MO101793	✓	Central	Turning Point Recovery Center	1420 Business 61 South	Bowling Green	MO	63334	\$10,152	\$10,152	\$0	\$0	\$0	\$0
061	MO750098	✓	Central	Turning Point Recovery Center	146 Communications Drive	Hannibal	MO	63401	\$1,068,601	\$1,068,601	\$465,167	\$0	\$0	\$0
061a	MO100016	✓	Central	Turning Point Recovery Center	146 Communications Drive	Hannibal	MO	63401	\$103,092	\$103,092	\$103,092	\$0	\$0	\$0
061b	MO101011	✓	Central	Turning Point Recovery Center	201 East Monroe Street Suite 103	Mexico	MO	65265	\$79,600	\$79,600	\$0	\$0	\$0	\$0
061c	MO100315	✓	Central	Turning Point Recovery Center	146 Communications Drive	Hannibal	MO	63401	\$51,026	\$51,026	\$0	\$0	\$0	\$0
061d	MO106101	✓	Central	Turning Point Recovery Centers	303 North Missouri Street Suite E	Macon	MO	63552	\$22,749	\$22,749	\$0	\$0	\$0	\$0
407	X	✗	Statewide	University of MO - Columbia	Sponsored Programs Admin 310	Columbia	MO	65211	\$22,130	\$0	\$0	\$22,130	\$0	\$0
269	MO105087	✓	Eastern	Westend Clinic Inc	5736 West Florissant Avenue	Saint Louis	MO	63120	\$491,305	\$491,305	\$0	\$0	\$0	\$0
Total									\$24,398,212	\$20,310,878	\$3,960,483	\$4,087,334	\$0	\$0

\* Indicates the imported record has an error.

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Footnotes:

### III: Expenditure Reports

**Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment**

This Maintenance of Effort table provides a description of non-federal expenditures to include funds appropriated by the state legislature; revenue funds (e.g., alcohol, tobacco, and gambling taxes; asset seizures); state Medicaid match expenditures; and third-party reimbursement (e.g., insurance payments) for authorized activities to prevent and treat SUDs flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period  (A)	Expenditures  (B)	<u>B1(2018) + B2(2019)</u> 2 (C)
SFY 2018 (1)	\$60,445,351	
SFY 2019 (2)	\$63,734,144	\$62,089,748
SFY 2020 (3)	\$68,853,863	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2018	Yes	<u>  X  </u>	No	_____
SFY 2019	Yes	<u>  X  </u>	No	_____
SFY 2020	Yes	<u>  X  </u>	No	_____

Did the state or jurisdiction have any **non-recurring expenditures** as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes    \_\_\_\_\_    No      X  

If yes, specify the amount and the State fiscal year: \_\_\_\_\_

If yes, SFY: \_\_\_\_\_

Did the state or jurisdiction include these funds in previous year MOE calculations?

Yes    \_\_\_\_\_    No    \_\_\_\_\_

When did the State or Jurisdiction submit an official request to SAMHSA to exclude these funds from the MOE calculations? \_\_\_\_\_

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

### III: Expenditure Reports

**Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children**

This Maintenance of Effort table provides a description of expenditures including SABG and state funds (e.g., state legislature appropriations; revenue funds; state Medicaid match funds; and third-party reimbursements) for specialized treatment and related services that meet the SABG requirements for pregnant women and women with dependent children flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

**Base**

Period	Total Women's Base (A)
SFY 1994	\$ 7,728,020.00

**Maintenance**

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2018		\$ 9,818,102.00	
SFY 2019		\$ 9,220,751.00	
SFY 2020		\$ 8,651,578.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2021 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): \$ 8700000.00

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1).

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act(42 U.S.C. § 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2017      Expenditure Period End Date: 9/30/2019

Column A (Risks)	Column B (Strategies)	Column C (Providers)
<b>Children of Persons with Substance Use Disorders</b>	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	<b>2. Education</b>	
	1. Parenting and family management	3
	<b>3. Alternatives</b>	
	6. Recreation activities	12
	<b>4. Problem Identification and Referral</b>	
	4. School Screenings	4
	<b>5. Community-Based Process</b>	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	<b>6. Environmental</b>	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
<b>Pregnant</b>	<b>1. Information Dissemination</b>	

**women/teens**

1. Clearinghouse/information resources centers	12
2. Resources directories	13
4. Brochures	22
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
8. Information lines/Hot lines	1
<b>3. Alternatives</b>	
6. Recreation activities	12
<b>4. Problem Identification and Referral</b>	
4. School Screenings	4
<b>5. Community-Based Process</b>	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
2. Systematic planning	12
3. Multi-agency coordination and collaboration/coalition	13
4. Community team-building	11
5. Accessing services and funding	12

**Drop-outs**

<b>1. Information Dissemination</b>	
1. Clearinghouse/information resources centers	12
2. Resources directories	13
4. Brochures	22
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
8. Information lines/Hot lines	1
<b>3. Alternatives</b>	
6. Recreation activities	12
<b>5. Community-Based Process</b>	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
2. Systematic planning	12
3. Multi-agency coordination and collaboration/coalition	13
4. Community team-building	11
5. Accessing services and funding	12

**Violent and delinquent**

<b>1. Information Dissemination</b>	
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**behavior**

1. Clearinghouse/information resources centers	12
2. Resources directories	13
4. Brochures	22
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
8. Information lines/Hot lines	1
<b>2. Education</b>	
4. Education programs for youth groups	18
<b>3. Alternatives</b>	
6. Recreation activities	12
<b>4. Problem Identification and Referral</b>	
4. School Screenings	4
<b>5. Community-Based Process</b>	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
2. Systematic planning	12
3. Multi-agency coordination and collaboration/coalition	13
4. Community team-building	11
5. Accessing services and funding	12
<b>6. Environmental</b>	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12

**Mental health problems**

<b>1. Information Dissemination</b>	
1. Clearinghouse/information resources centers	12
2. Resources directories	13
4. Brochures	22
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
8. Information lines/Hot lines	1
<b>2. Education</b>	
1. Parenting and family management	3
<b>3. Alternatives</b>	

	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
Economically disadvantaged	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	3
	2. Ongoing classroom and/or small group sessions	8
	5. Mentors	4
	3. Alternatives	
	2. Youth/adult leadership activities	17
	6. Recreation activities	13
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer	

	training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
<b>Physically disabled</b>	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
<b>Abuse victims</b>	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12

	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
Already using substances	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
Homeless and/or runaway youth	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12

4. Problem Identification and Referral	
4. School Screenings	4
5. Community-Based Process	
3. Multi-agency coordination and collaboration/coalition	13

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**Footnotes:**

## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2019      Expenditure Period End Date: 6/30/2020

Level of Care	Number of Admissions ≥ Number of Persons Served		Costs per Person (C, D & E)		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>					
1. Hospital Inpatient	67	61	\$1,812	\$1,460	\$1,466
2. Free-Standing Residential	4523	3840	\$997	\$530	\$1,066
<b>REHABILITATION/RESIDENTIAL</b>					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	6035	5197	\$4,498	\$3,689	\$4,118
5. Long-term (over 30 days)	0	0	\$0	\$0	\$0
<b>AMBULATORY (OUTPATIENT)</b>					
6. Outpatient	11171	10225	\$1,898	\$893	\$2,773
7. Intensive Outpatient	15899	14381	\$2,150	\$1,127	\$3,109
8. Detoxification	0	0	\$0	\$0	\$0
<b>OUD MEDICATION ASSISTED TREATMENT</b>					
9. OUD Medication-Assisted Detoxification	320	307	\$1,718	\$2,048	\$823
10. OUD Medication-Assisted Treatment Outpatient	1704	1515	\$2,703	\$1,932	\$2,897

In FY 2020 SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication-Assisted Treatment," respectively.

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10.

The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SABG Reports, the LOC is "OUD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "OUD Medication-Assisted Treatment Detoxification," Row 9 and "OUD Medication Assisted Treatment Outpatient," Row 10. OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment. The change was made to better align with language that reflects not all medications used to treat opioid use disorder (OUD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

**Footnotes:**

## IV: Population and Services Reports

**Table 11 - Unduplicated Count of Persons Served for Alcohol and Other Drug Use**

This table provides an aggregate profile of the unduplicated number of admissions to and persons served in SABG-funded services.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	1634	770	480	157	47	0	0	3	3	5	3	67	44	39	16	983	561	58	32
2. 18 - 24	3508	1513	1317	282	151	1	2	8	3	5	3	82	71	48	22	1883	1532	56	37
3. 25 - 44	15646	6831	5488	1747	789	6	4	8	8	20	12	280	240	140	73	8826	6475	206	139
4. 45 - 64	5279	2509	1196	1014	360	5	2	6	2	7	9	85	40	36	8	3600	1595	62	22
5. 65 and Over	159	87	17	45	8	0	0	0	0	0	0	2	0	0	0	133	25	1	0
<b>6. Total</b>	<b>26226</b>	<b>11710</b>	<b>8498</b>	<b>3245</b>	<b>1355</b>	<b>12</b>	<b>8</b>	<b>25</b>	<b>16</b>	<b>37</b>	<b>27</b>	<b>516</b>	<b>395</b>	<b>263</b>	<b>119</b>	<b>15425</b>	<b>10188</b>	<b>383</b>	<b>230</b>
7. Pregnant Women	656		506		103		1		0		3		32		11		637		19
Number of persons served who were admitted in a period prior to the 12 month reporting period		3791																	
Number of persons served outside of the levels of care described on Table 10		12264																	

Are the values reported in this table generated from a client based system with unique client identifiers? ☒ Yes ☐ No

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**Footnotes:**

## IV: Population and Services Reports

**Table 12 - SABG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States**

Expenditure Period Start Date: 7/1/2019      Expenditure Period End Date: 6/30/2020

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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**Footnotes:**

Missouri is not an HIV designated state.

## IV: Population and Services Reports

### Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2019      Expenditure Period End Date: 6/30/2020

#### Notice to Program Beneficiaries - Check all that apply:

- ☒ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☒ State has disseminated notice to religious organizations that are providers.
- ☒ State requires these religious organizations to give notice to all potential beneficiaries.

#### Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☒ SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- ☒ Other networks and information systems are used to help identify providers.
- ☒ State maintains record of referrals made by religious organizations that are providers.

0 Enter the total number of referrals to other substance abuse providers ("alternative providers") necessitated by religious objection, as defined above, made during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

#### Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

Recovery Support Services (RSS) supports a voucher-based program, of which consumer choice is fundamental. Each consumer served can choose between at least two service providers, to which at least one they have no religious objection. That basic premise is repeated in all RSS policies and trainings. Additionally, a free-choice statement is printed on every RSS voucher.

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#### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)**

### Short-term Residential(SR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,147	1,140
Total number of clients with non-missing values on employment/student status [denominator]	6,822	6,822
Percent of clients employed or student (full-time and part-time)	16.8 %	16.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		3,980
Number of CY 2019 discharges submitted:		7,317
Number of CY 2019 discharges linked to an admission:		7,310
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,100
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		6,822

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

### Long-term Residential(LR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		0
Number of CY 2019 discharges submitted:		0
Number of CY 2019 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

## Outpatient (OP)

### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	4,787	5,086
Total number of clients with non-missing values on employment/student status [denominator]	9,804	9,804
Percent of clients employed or student (full-time and part-time)	48.8 %	51.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		9,402
Number of CY 2019 discharges submitted:		12,389
Number of CY 2019 discharges linked to an admission:		12,348
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,036
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		9,804

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

## Intensive Outpatient (IO)

### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	6,290	6,839
Total number of clients with non-missing values on employment/student status [denominator]	17,456	17,456
Percent of clients employed or student (full-time and part-time)	36.0 %	39.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		14,332
Number of CY 2019 discharges submitted:		20,993
Number of CY 2019 discharges linked to an admission:		20,989
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		20,082

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	17,456
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Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)**

### Short-term Residential(SR)

**Clients living in a stable living situation (prior 30 days) at admission vs. discharge**

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	4,898	5,066
Total number of clients with non-missing values on living arrangements [denominator]	6,485	6,485
Percent of clients in stable living situation	75.5 %	78.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		3,980
Number of CY 2019 discharges submitted:		7,317
Number of CY 2019 discharges linked to an admission:		7,310
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,100
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		6,485

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

### Long-term Residential(LR)

**Clients living in a stable living situation (prior 30 days) at admission vs. discharge**

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		0
Number of CY 2019 discharges submitted:		0
Number of CY 2019 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		0

## Outpatient (OP)

### Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	8,725	8,751
Total number of clients with non-missing values on living arrangements [denominator]	9,166	9,166
Percent of clients in stable living situation	95.2 %	95.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		9,402
Number of CY 2019 discharges submitted:		12,389
Number of CY 2019 discharges linked to an admission:		12,348
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,036
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		9,166

## Intensive Outpatient (IO)

### Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	14,790	14,898
Total number of clients with non-missing values on living arrangements [denominator]	16,145	16,145
Percent of clients in stable living situation	91.6 %	92.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		14,332
Number of CY 2019 discharges submitted:		20,993
Number of CY 2019 discharges linked to an admission:		20,989
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		20,082
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		16,145

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)**

### Short-term Residential(SR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	5,910	6,123
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	6,864	6,864
Percent of clients without arrests	86.1 %	89.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		3,980
Number of CY 2019 discharges submitted:		7,317
Number of CY 2019 discharges linked to an admission:		7,310
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,129
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		6,864

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

### Long-term Residential(LR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		0
Number of CY 2019 discharges submitted:		0
Number of CY 2019 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

## Outpatient (OP)

### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	9,079	9,140
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	9,567	9,567
Percent of clients without arrests	94.9 %	95.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		9,402
Number of CY 2019 discharges submitted:		12,389
Number of CY 2019 discharges linked to an admission:		12,348
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,215
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		9,567

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

## Intensive Outpatient (IO)

### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	15,773	15,834
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	17,047	17,047
Percent of clients without arrests	92.5 %	92.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2019 admissions submitted:		14,332
Number of CY 2019 discharges submitted:		20,993
Number of CY 2019 discharges linked to an admission:		20,989
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		20,565

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	17,047
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Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	4,842	5,099
All clients with non-missing values on at least one substance/frequency of use [denominator]	6,997	6,997
Percent of clients abstinent from alcohol	69.2 %	72.9 %

#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		434
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,155	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		20.1 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		4,665
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,842	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.3 %

#### Notes (for this level of care):

Number of CY 2019 admissions submitted:	3,980
Number of CY 2019 discharges submitted:	7,317
Number of CY 2019 discharges linked to an admission:	7,310
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,129
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	6,997

## Long-term Residential(LR)

### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %

#### Notes (for this level of care):

Number of CY 2019 admissions submitted:	0
Number of CY 2019 discharges submitted:	0
Number of CY 2019 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	0

## Outpatient (OP)

**A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	8,976	9,377
All clients with non-missing values on at least one substance/frequency of use [denominator]	10,751	10,751
Percent of clients abstinent from alcohol	83.5 %	87.2 %

**B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION**

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,092
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,775	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		61.5 %

**C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION**

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		8,285
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	8,976	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.3 %

**Notes (for this level of care):**

Number of CY 2019 admissions submitted:	9,402
Number of CY 2019 discharges submitted:	12,389
Number of CY 2019 discharges linked to an admission:	12,348
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,215
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	10,751

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
 [Records received through 5/1/2020]

**Intensive Outpatient (IO)****A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	15,472	16,141
All clients with non-missing values on at least one substance/frequency of use [denominator]	19,838	19,838
Percent of clients abstinent from alcohol	78.0 %	81.4 %

#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,847
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,366	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		42.3 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		14,294
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	15,472	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.4 %

#### Notes (for this level of care):

Number of CY 2019 admissions submitted:	14,332
Number of CY 2019 discharges submitted:	20,993
Number of CY 2019 discharges linked to an admission:	20,989
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	20,565
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	19,838

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

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#### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,460	2,130
All clients with non-missing values on at least one substance/frequency of use [denominator]	6,997	6,997
Percent of clients abstinent from drugs	20.9 %	30.4 %

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		965
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,537	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		17.4 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,165
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,460	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.8 %

#### Notes (for this level of care):

Number of CY 2019 admissions submitted:	3,980
Number of CY 2019 discharges submitted:	7,317
Number of CY 2019 discharges linked to an admission:	7,310
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,129
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	6,997

## Long-term Residential(LR)

### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %

#### Notes (for this level of care):

Number of CY 2019 admissions submitted:	0
Number of CY 2019 discharges submitted:	0
Number of CY 2019 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	0

## Outpatient (OP)

**A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	6,535	5,847
All clients with non-missing values on at least one substance/frequency of use [denominator]	10,751	10,751
Percent of clients abstinent from drugs	60.8 %	54.4 %

**B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION**

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,228
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,216	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		29.1 %

**C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION**

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		4,619
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,535	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		70.7 %

**Notes (for this level of care):**

Number of CY 2019 admissions submitted:	9,402
Number of CY 2019 discharges submitted:	12,389
Number of CY 2019 discharges linked to an admission:	12,348
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	11,215
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	10,751

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
 [Records received through 5/1/2020]

**Intensive Outpatient (IO)****A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	9,257	9,886
All clients with non-missing values on at least one substance/frequency of use [denominator]	19,838	19,838
Percent of clients abstinent from drugs	46.7 %	49.8 %

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		3,267
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	10,581	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		30.9 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		6,619
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9,257	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		71.5 %

#### Notes (for this level of care):

Number of CY 2019 admissions submitted:	14,332
Number of CY 2019 discharges submitted:	20,993
Number of CY 2019 discharges linked to an admission:	20,989
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	20,565
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	19,838

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

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#### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)**

### Short-term Residential(SR)

**Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge**

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,293	2,473
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	6,804	6,804
Percent of clients participating in self-help groups	19.0 %	36.3 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	17.3 %	
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		3,980
Number of CY 2019 discharges submitted:		7,317
Number of CY 2019 discharges linked to an admission:		7,310
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,129
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		6,804

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

### Long-term Residential(LR)

**Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge**

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2019 admissions submitted:	0	
Number of CY 2019 discharges submitted:	0	

Number of CY 2019 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

## Outpatient (OP)

### Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	2,208	2,648
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	9,070	9,070
Percent of clients participating in self-help groups	24.3 %	29.2 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	4.9 %	
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		9,402
Number of CY 2019 discharges submitted:		12,389
Number of CY 2019 discharges linked to an admission:		12,348
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		11,215
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		9,070

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
[Records received through 5/1/2020]

## Intensive Outpatient (IO)

### Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	3,711	4,241
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	15,928	15,928
Percent of clients participating in self-help groups	23.3 %	26.6 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	3.3 %	
Notes (for this level of care):		
Number of CY 2019 admissions submitted:	14,332	

Number of CY 2019 discharges submitted:	20,993
Number of CY 2019 discharges linked to an admission:	20,989
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	20,565
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	15,928

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file  
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**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment**

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	3	1	2	4
2. Free-Standing Residential	11	2	2	4
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	33	10	20	29
5. Long-term (over 30 days)	0	0	0	0
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	137	42	86	177
7. Intensive Outpatient	149	37	94	198
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification	22	3	4	4
10. OUD Medication-Assisted Treatment Outpatient	224	16	95	305

Level of Care	2019 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	135	135
2. Free-Standing Residential	5939	5539
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	7317	7310

5. Long-term (over 30 days)	0	0
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	12389	11271
7. Intensive Outpatient	20993	20989
8. Detoxification	0	0
<b>ODD MEDICATION ASSISTED TREATMENT</b>		
9. ODD Medication-Assisted Detoxification		171
10. ODD Medication-Assisted Treatment Outpatient		1077

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file

[Records received through 5/1/2020]

SAMHSA's Treatment Episode Data Set (TEDS) data are used to pre-populate the tables that comprise SAMHSA's National Outcome Measures (NOMs) and include Table 20 – Retention – Length of Stay (in Days) of Clients Completing Treatment. In FY 2020, SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" for Opioid Replacement Therapy/Medication-Assisted Treatment in Table 20.

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The LOC was changed to "Medication-Assisted Treatment" and the Treatment Service/Setting was changed to "Medication-Assisted Treatment."

The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 20 to the TEDS data submitted to CBHSQ via Eagle Technologies is not possible. In the current and future SABG Reports, the LOC is "ODD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "ODD Medication-Assisted Treatment Detoxification," Row 9 and "ODD Medication Assisted Treatment Outpatient," Row 10. ODD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. ODD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment . The change was made to better align with language that reflects not all medications used to treat opioid use disorder (ODD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

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**Footnotes:**

## V: Performance Indicators and Accomplishments

**TABLE 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE MEASURE: 30-DAY USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2017 - 2018	18.8	
	Age 21+ - CY 2017 - 2018	52.7	
2. 30-day Cigarette Use	<b>Source Survey Item:</b> NSDUH Questionnaire. "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2017 - 2018	4.3	
	Age 18+ - CY 2017 - 2018	23.4	
3. 30-day Use of Other Tobacco Products	<b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <sup>[1]</sup> ?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2017 - 2018	4.2	
	Age 18+ - CY 2017 - 2018	9.4	
4. 30-day Use of Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2017 - 2018	6.4	
	Age 18+ - CY 2017 - 2018	9.0	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] <sup>[2]</sup> <b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2017 - 2018	2.6	

	Age 18+ - CY 2017 - 2018	3.0	
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[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.  
 [2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.  
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**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2017 - 2018	76.3	
	Age 21+ - CY 2017 - 2018	78.6	
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2017 - 2018	90.7	
	Age 18+ - CY 2017 - 2018	90.9	
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2017 - 2018	62.5	
	Age 18+ - CY 2017 - 2018	49.2	

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### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of alcohol.		
	Age 12 - 20 - CY 2017 - 2018		
	Age 21+ - CY 2017 - 2018		
2. Age at First Use of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2017 - 2018	12.8	
	Age 18+ - CY 2017 - 2018	15.8	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] <sup>[1]</sup> ?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2017 - 2018	13.0	
	Age 18+ - CY 2017 - 2018	20.2	
4. Age at First Use of Marijuana or Hashish	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2017 - 2018	13.9	
	Age 18+ - CY 2017 - 2018	18.0	
5. Age at First Use Heroin	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of heroin.		
	Age 12 - 17 - CY 2017 - 2018	9.0	
	Age 18+ - CY 2017 - 2018	25.2	
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] <sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2017 - 2018	14.4	
	Age 18+ - CY 2017 - 2018	50.9	

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.  
 [2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.  
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**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2017 - 2018	92.9	
2. Perception of Peer Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2017 - 2018	92.9	
3. Disapproval of Using Marijuana Experimentally	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2017 - 2018	77.5	
4. Disapproval of Using Marijuana Regularly	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2017 - 2018	78.4	
5. Disapproval of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2017 - 2018	89.0	

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### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	<b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] <b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2017 - 2018	22.6	
	Age 18+ - CY 2017 - 2018	36.0	

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### Footnotes:

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**Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a> . <b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2017	92.7	

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**Footnotes:**

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Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2018		

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Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Alcohol- and Drug- Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2018	16.8	

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**Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	<b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] <b>Outcome Reported:</b> Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2017 - 2018	57.8	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?^[1][Response options: 0 times, 1 to 2 times, a few times, many times] <b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2017 - 2018	92.1	

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

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Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre- populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2017 - 2018	87.9	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context  
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**Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35**

**Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37**

Please indicate the reporting period for each of the following NOMS.

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2018	12/31/2018
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2018	12/31/2018
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2018	12/31/2018
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2018	12/31/2018
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	10/1/2017	9/30/2019

### General Questions Regarding Prevention NOMS Reporting

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Missouri used a manual data collection system.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Missouri collected and recorded a participant's race through a manual collection process. Participants who were more than one race were reported under a single race or "race not known or other" until September 2016. Starting in October 2016, Missouri added a subcategory for more than one race.

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**Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>486,357</b>
0-4	1,651
5-11	28,199
12-14	37,918
15-17	34,357
18-20	6,518
21-24	8,856
25-44	28,587
45-64	18,916
65 and over	5,539
Age Not Known	315,816
<b>B. Gender</b>	<b>486,357</b>
Male	79,977
Female	98,388
Gender Unknown	307,992
<b>C. Race</b>	<b>486,357</b>
White	142,355
Black or African American	20,911
Native Hawaiian/Other Pacific Islander	358
Asian	1,723
American Indian/Alaska Native	436
More Than One Race (not OMB required)	1,954

Race Not Known or Other (not OMB required)	318,620
<b>D. Ethnicity</b>	<b>486,357</b>
Hispanic or Latino	6,989
Not Hispanic or Latino	142,283
Ethnicity Unknown	337,085

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**Footnotes:**

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**Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies?Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>4734971</b>
0-4	0
5-11	157564
12-14	234376
15-17	234230
18-20	237822
21-24	328563
25-44	1568044
45-64	1581229
65 and over	393143
Age Not Known	0
<b>B. Gender</b>	<b>4734971</b>
Male	2350382
Female	2384589
Gender Unknown	0
<b>C. Race</b>	<b>4734971</b>
White	3973906
Black or African American	600058
Native Hawaiian/Other Pacific Islander	0
Asian	126262
American Indian/Alaska Native	34745
More Than One Race (not OMB required)	

Race Not Known or Other (not OMB required)	
<b>D. Ethnicity</b>	<b>4734971</b>
Hispanic or Latino	201622
Not Hispanic or Latino	4533349
Ethnicity Unknown	0

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Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	0

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**Footnotes:**  
Missouri is opting out of this form.

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**Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention**

**Definition of Evidence-Based Programs and Strategies:** The guidance document for the Strategic Prevention Framework State Incentive Grant, **Identifying and Selecting Evidence-based Interventions**, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:  
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:  
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:  
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:  
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Missouri utilizes the Strategic Prevention Framework model to implement the four guidelines. The process includes: assessment of the community needs and readiness; capacity building to mobilize and address the needs of the community; development of a prevention plan to identify the activities, programs, and strategies necessary to address the needs; implementation of the prevention plan; and evaluation of the results to achieve sustainability and cultural competency. Missouri identifies appropriate strategies based on validated research, empirical evidence of effectiveness, and the use of local, state, and federal key community prevention leaders such as National Prevention Network and SAMHSA's Center for Substance Abuse Prevention. The Division of Behavioral Health ultimately determines whether or not a chosen intervention falls under the parameters of the guidelines.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Missouri collects data on the number of programs and strategies through a manual collection process utilizing monthly progress and fidelity reporting forms.

**Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	374	386	760	119	0	879
2. Total number of Programs and Strategies Funded	374	386	760	119	0	879
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %		100.00 %

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**Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies**

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 745	\$ 1,968,695
Universal Indirect	Total # 770	\$ 453,376
Selective	Total # 240	\$ 1,665,263
Indicated	Total #	\$
	Total EBPs: 1,755	Total Dollars Spent: \$4,087,334.00

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Prevention Attachments

Submission Uploads

FFY 2021 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2021 Prevention Attachment Category D:		
File	Version	Date Added

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**Footnotes:**